



# Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01158135

Payee Name / Address:

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK, TX 786802050

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000


Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$65,836.88  
Discount Amt Taken: \$0.00  
Payment Amount: \$65,836.88

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 (Contract	\$65,836.88			
<u>ShipTo ID</u>				<u>Non-HHSAS Cntrct ID</u>					
1326				529-16-0132-00006 Te)					
<u>Contract #</u>		<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>				
529-16-0132-00006		N							
Invoice DT: 07/15/16						Req'd Pay DT: 12/06/16			
Inv Recv'd DT: 11/30/16						Pay Due DT: 12/30/16			
Service DT: 10/31/16						P O DT: 09/01/16			
	<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>
1.1	762300		0001	MHTWG	1011P	03150	2017	GR	\$65,836.88
Open Item Key:							Conf:N		Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
		DEC 01 2016	12/01/2016
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
			Kulkarni, Anjali Narayan
Contact Name	Contact Phone(Area+Number)		

01158135

**PURCHASE VOUCHER**

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency number <b>529</b>		3. Agency name <b>Health &amp; Human Services Commission</b>			4. Current document number				
5. Texas Identification number <b>17427579192000</b>		10. PDT <b>11. PO</b>		12. Purchase Order number <b>0000096282</b>		13. Document amount <b>\$65,836.88</b>			
14. Payee name / address <b>The Heidi Group PO Box 2050 Round Rock, TX 78680-2050</b>				17. AGENCY USE					
18 SFX 001		FY <b>7623</b>		COBJ <b>7623</b>		Amount			
DeptID/Speedchart <b>MHTWG</b>		Invoice date		Invoice number / Account Number		Invoice Received Date			
Requested Payment Date <b>3 days</b>		Interest Control		Reason Code					
18 SFX 001		FY		COBJ		Amount			
DeptID/Speedchart		Invoice date		Invoice number / Account Number		Invoice Received Date			
Requested Payment Date		Interest Control		Reason Code					
18 SFX 001		FY		COBJ		Amount			
DeptID/Speedchart		Invoice date		Invoice number / Account Number		Invoice Received Date			
Requested Payment Date		Interest Control		Reason Code					
19. SERVICE / DEL DATE <b>October 2016</b>		20. DESCRIPTION OF GOODS OR SERVICES <b>Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group</b>  <b>Program: Healthy Texas Women</b> <b>Contract Term: July 15, 2016 thru August 31, 2017</b> <b>HHSC Doc # 529-16-0132-00006</b> <b>Type of Entity: non profit corporation</b>		21. QUANTITY		22. UNIT PRICE		23. AMOUNT <b>65,836.88</b>	
24. VENDOR CERTIFICATION		Phone (Area code and number) <b>512-255-2088</b>		25. Entered by					
Vendor Contact Name <b>Carol Everett</b>		Phone (Area code and number)							
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.									
Agency contact/preparer SIGN HERE <b>Kim Relph</b>		Printed Name <b>Kim Relph</b>		Phone (Area code and number) <b>512-776-6443</b>		Date <b>11/30/2016</b>			

RECEIVED  
NOV 30 2016  
HHSC Accounting Op

**Texas Health and Human Services Commission  
Form B-13H**

Agency Name: The Heidi Group

Supporting Schedule for Healthy Texas Women Reimbursement Vouchers			
	Column A	Column B	Column C
1	<b>Total Allowable HTW Cumulative Expenses Incurred:</b> "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	October, 2016	175,984.93
2	<b>Program Income (Cumulative):</b>		
3	<b>HTW Fee-For-Service Reimbursements from TMHP</b>	11,361.78	
4*	<b>Sub Total - Program Income</b> →→→→		11,361.78
5*	<b>Gross Cumulative HTW Reimbursable Expenses</b>		164,623.15
6	<b>Total Award Amount of the HTW Categorical Contract</b>	1,649,531.00	
7*	<b>Non HHSC Funding Expended ~</b> If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	<b>Net Cumulative HTW Reimbursable Expenses</b>		164,623.15
9	<b>Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)</b>		98,786.27
10*	<b>Gross Reimbursement Requested this Voucher</b>		65,836.88
11	<b>Less: Refunds or Other Adjustments (if any)</b>		0.00
12*	<b>Net Reimbursement Requested this Voucher</b> (Negative amount at end of contract term indicates a refund to HHSC)		\$65,836.88
13*	<b>Total Cumulative Non HHSC Funding Expended</b> (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

\* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	11/28/2016
Carol Everett	512-255-2088

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report*

**Banda,Joe (HHSC)**

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**From:** Relph, Kim H (HHSC)  
**Sent:** Wednesday, November 30, 2016 4:02 PM  
**To:** HHSC AP  
**Subject:** Voucher Approval - HTW - Heidi Group 102016  
**Attachments:** October 2016 B-13H HHSC.xls; October 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls

This voucher is coded and approved for encumbered payment. Thank you.

*Kim Relph, Contract Specialist*

Health & Human Services, Austin TX  
Medical & Social Services Division  
Women's Health & Education Services  
Contract Support, Mail Code 1326  
phone: 512-776-6443

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**From:** HTW Billing [mailto:htwbilling@heidigroup.org]  
**Sent:** Monday, November 28, 2016 2:45 PM  
**To:** Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>  
**Cc:** Angie Nett <angie@heidigroup.org>; Carol Everett <ce@heidigroup.org>  
**Subject:** October Voucher

Good afternoon!  
Attached you will find our October voucher and B-13H for Healthy Texas Women.

Thank You!

Toni Moman  
The Heidi Group  
(512) 255-2088 | [Toni@heidigroup.org](mailto:Toni@heidigroup.org)  
[www.heidigroup.org](http://www.heidigroup.org)



# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & All	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>52900-7-0000096282</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed <u>numbered purchase order requirements.</u>			<b>Date</b> 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Revision</b> 1 - 10/11/2016
			<b>Page</b> 1
			<b>Ship To:</b> Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

**Vendor:** 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

**Bill To:** Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

**Purchaser:** Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006  
Purchase Order Term: 7/15/2016 - 8/31/2017  
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73  
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

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Agency Contact: Camille Laosebikan  
Phone: 512-776-3561  
Email: Camille.laosebikan@hhsc.state.tx.us

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HHS-PCS Purchasing Contact: Carol Marshall, CTPM  
Phone: 512-406-2476  
Email: carol.marshall2@hhsc.state.tx.us

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PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2017	952-58	1.00	LOT 1,099,731.00000	1,099,731.00	09/22/2016
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**Schedule Total** 1,099,731.00

Contract ID: 529-16-0132-00006

Contract Line: 0 Release: 2

**Item Total for Line** 1 1,099,731.00

**Total PO Amount** 1,099,731.00

# Health & Human Services Commission

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 2
			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

